AMENDED IN ASSEMBLY JUNE 20, 2006 AMENDED IN SENATE MAY 3, 2006 AMENDED IN SENATE APRIL 3, 2006

SENATE BILL

No. 1638

Introduced by Senator Figueroa

(Coauthor: Assembly Member Laird)

February 24, 2006

An act to add Sections 2509 and 2516 to the Business and Professions Code, relating to midwives.

LEGISLATIVE COUNSEL'S DIGEST

SB 1638, as amended, Figueroa. Midwives: advisory council: annual report.

Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensing and regulation of midwives by the Board of Licensing of the Medical Board of California. A violation of the act is a crime.

This bill would provide for the creation of a Midwifery Advisory Council, as specified. The bill would also require each licensed midwife who assists, or supervises a person acting under his or her orders in assisting student midwife in assisting, in a normal childbirth occurring in an out-of-hospital setting to annually report to the Office of Statewide Health Planning and Development certain information regarding his or her practice for the previous year. The bill would require the office to maintain the confidentiality of the information submitted pursuant to this requirement. The bill would require the council to report the aggregate information to the board, and would require the board to report that aggregate information to the

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Legislature in its *own* annual report. The bill would provide that a violation of these requirements is not a crime.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2509 is added to the Business and 2 Professions Code, to read:

2509. The board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the board, and members of the public who have an interest in, or knowledge of, midwifery practice, including, but not limited to, home births. *At least one-half of the council members shall be California licensed midwives*. The council shall make recommendations on matters specified by the board.

- SEC. 2. Section 2516 is added to the Business and Professions Code, to read:
- 2516. (a) Each licensed midwife who assists, or supervises a person acting under the midwife's orders to assist, in normal student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted in March, with the first report due in March 2008, for the prior calendar year, in a form specified by the office and shall contain all of the following:
 - (1) The midwife's name and license number.
 - (2) The calendar year being reported.
- (3) The following information with regard to cases in which the midwife, or someone supervised by the the student midwife, assisted in the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:
- (A) The total number of clients served as primary caregiver *at the onset of care*.
- (B) The total number of clients served with collaborative care available through, or given by, or backup from, a a licensed physician and surgeon.
- *(C)* The total number of clients served under the supervision of a licensed physician and surgeon.

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(D) The number by county of live births attended as primary caregiver.

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(E) The number by county of cases of fetal demise attended as primary caregiver at the discovery of the demise.

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(F) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

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12 (G) The number, reason, and outcome for each elective 13 hospital transfer *during the intrapartum or postpartum period*.

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(H) The number, reason, and outcome for each urgent or emergency transport of an expectant mother prior to labor in the antepartum period.

(H)

- (I) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during—or after labor or birth—the intrapartum or immediate postpartum period.
- (I) The location that was planned for the birth and, if different, the actual location of the birth.
- (J) If multiple births, the number of these cases in total categorized by the number of infants per birth.
- (J) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.
- (K) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:
- (i) Twin births.
- 32 (ii) Multiple births other than twin births.
- 33 (iii) Breech births.
- 34 (iv) Vaginal births after the performance of a caesarian 35 section.

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- 37 (L) A brief description of any complications resulting in the 38 mortality of a mother or an infant.
 - (L) The number of student supervised births.

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(M) Any other information prescribed by the board in regulations.

- (b) The personal information of licensees required by this section, including the information specified in paragraph (1) of subdivision (a), shall be confidential and shall not be released in any public document. Personal information transferred to the board pursuant to subdivision (c) shall not be directly associated with any particular reported data, so as to maintain the confidentiality of reported information, and data shall be aggregated pursuant to subdivision (f). The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.
- (c) The office shall report to the board, by April, those licensees who have met the requirements of subdivision (a) for that year.
- (d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).
- (e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f). The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).
- (f) The office shall report the aggregate information collected pursuant to this section to the board by July of each year. The board shall include this information in its annual report to the Legislature.

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1 (g) Notwithstanding any other provision of law, a violation of this section shall not be a crime.

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